

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 83196 - 375528	
Application Number 10/563,194		Filed July 2, 2004	
For NOD-FACTOR PERCEPTION			
Art Unit 1638		Examiner BUI, Phuong T.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$	
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$	\$245.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$	
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. ~~Form PTO-2038 is attached.~~

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-0029. ~~I have enclosed a duplicate copy of this sheet.~~

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 33,924

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

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<u>/Denise M. Kettelberger/</u> Signature <u>Denise M. Kettelberger</u> Typed or printed name	<u>October 27, 2010</u> Date <u>612.766.7181</u> Telephone Number
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of one form is submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.